



Acute Appendicitis—An Unexpected Etiology

A healthy 12-year-old boy, born in Guinea and living in Portugal for 1 year, was admitted to an emergency department complaining of vomiting and with rebound tenderness in the right lower abdomen. Laparotomy confirmed an acute appendicitis phlegmon. Ileocecal appendix histologic examination showed an extensive intestinal wall granulomatous reaction with giant multinucleated cells, histiocytes, and polymorphonuclear cells (Figure, A). There was an additional unexpected finding—an ovoid image with sharp terminal spine characteristic of *Schistosoma haematobium* egg (Figure, B).

There were no symptoms of renal disease, however, moderate pyelectasis and vesical wall thickening, suggesting *Schistosoma haematobium* infiltration, were seen on renal-bladder ultrasound. Praziquantel was administered. Parasite serologic titers diminished from 1/640 to 1/320, and bladder ultrasound findings resolved.

Schistosomiasis is a major parasitic infection of tropical areas that affects multiple systems including gastrointestinal tract. Appendicitis because of *Schistosoma* is uncommon in developed countries, with an estimated incidence of 0.02%–0.32%. The diagnosis is histologic, and the prognosis is good after appendicular resection and antiparasite eradication therapy. Nonendemic schistosomiasis may be seen due to changes in global migration. ■

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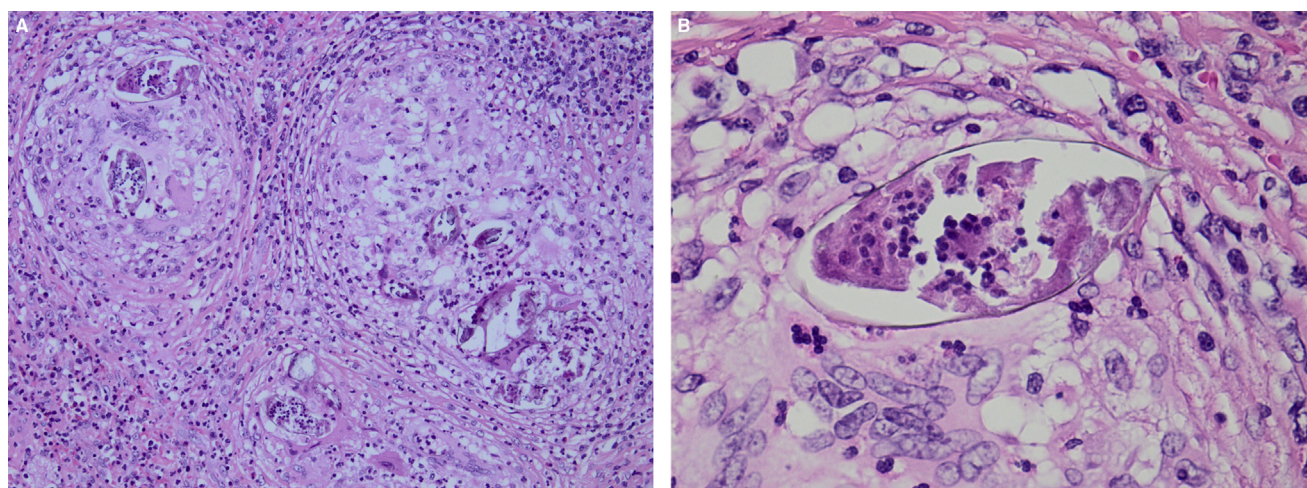


Figure. **A**, Histologic section of the intestinal wall with extensive granulomatous reaction including giant multinucleated cells, histiocytes, and polymorphonuclear cells and an ovoid *Schistosoma haematobium* egg with a characteristic sharp terminal spine, on the upper left corner of the image. **B**, Amplification of a *Schistosoma haematobium* egg. The prominent sharp terminal spine, characteristic of this species, is easy to recognize.